NETS SERVICES CHANGE REQUEST FORM

Please fax to +65 6275 5406 upon form completion. Alternatively, email the scanned completed copy to info@nets.com.sg Upon receipt of the completed forms, we will take 3 working days to process.

PART 1: COMPANY INFORMATION (COMPLETE ALL)

Company Name	:	
NETS Account No *(can be found on Invoice, e.g. A1234)*	:	
Contact Person	:	
Contact Number	:	
Email Address	:	

PART 2: CHANGE OF ADDRESS (Tick ☑ whenever

☐ **Billing Address** ☐ **Headquarter Address** ☐ **Outlet Address**

New Address	:	*Singapore ( )*

PART 3: CHANGE OF RECEIPT HEADING

Company Name / Trading Name: **Effective Date :** _____

Outlet Location:

Company Slogan:

PART 4: CHANGE OF TERMINAL MODEL *(Minimum charge of $40 will be applicable)*

Current Terminal Model	:	
New Terminal Model	:	
Terminal ID(s) (can be found on Supervisor Card)	:	

[For Change to Wireless Terminal Only]

☐ **I/We hereby have read and agreed to the prevailing NETS' Terms & Conditions governing Application of NETS Service(s) & Service Provider Agreement and any changes thereof.**

By submitting this form and signing hereunder, I confirm that the above information provided is true and accurate and I consent to the collection, use, disclosure and sharing of the personal data by NETS for purposes reasonably required to process my application as set out in NETS' Data Protection Policy www.nets.com.sg .

Name of Authorized Signatory/ Designation	Authorized Signatory / Company Stamp

INTERNAL USE ONLY

Processed By	:		Checked By	:	